Statewide Healthcare Coalition Steering Committee Meeting – 10/20/2014

Topic	Discussion	Outcome/Action Items
Welcome and Introductions	The members of the group introduced themselves and were welcomed to the meeting.	Sign in sheet is attached
Review & Approval of July Meeting Minutes	July meeting minutes were approved.	***Outcomes -*** Minutes were approved. ***Action items:*** None
Travel Policy & At Large Scholarships – Tabetha Mallonee	• For those individuals attending the conference through a KDHE scholarship, there were a couple W-9's that hadn't been received by KDHE. These will need to be turned in along with a Request to Pay Stipend or Training Expense form provided by KDHE in order to process reimbursement. • It was determined that KDHE would be responsible for registering the scholarship recipients. The recipients would be responsible for hotel reservations, travel accommodations and all costs associated with the conference and would be reimbursed by KDHE following the KDHE/State of Kansas reimbursement policy/rates. • There were a couple of registrations that need to happen once KDHE receives all the required. • There is one scholarship available for law enforcement representation, as Glen Kochanowski is not able to attend.	***Outcomes -*** 1. Matt May would be attending the conference in place of Cary Gerst. 2. The remaining W-9s and registration information would be submitted to KDHE. ***Action items:*** 1. Tabetha will contact Glen Kochanowski to see if he has a recommendation for an attendee to utilize his scholarship.
Abstract Submissions Accepted by National HCC – KDHE – Karen Luckett	• There were few updates on the extract information. MERGe was not accepted. SW Kansas readio project was accepted as a poster presentation. The submission on the statewide HCC steering committee was accepted.	***Outcomes –*** None ***Action Items:*** None

Long-Term Care Subcommittee – Karen Luckett, Bryan Saindon, Sue Cooper, Virginia Downing, Shona Gleason, Cary Gerst	• Karen is the chair of the Long-Term Care Subcomittee. Virginia has sent Karen regional information. Karen contacted KDADS to see if they wanted someone from the state office for representation on the subcommittee. Conversations are happening to get representation from free-standing LTC facilities. • Leading Age is interested in working with hospitals and would like to participate in regional exercises. • KDADS has seven regions in Kansas. Sue would like a map and contact information for the seven regions. • Sue would like to see more partners in EMResource. • Virginia discussed a recent exercise she evaluated and the dialogue regarding nursing home communication and the LTC perception. This is seen as an area of improvement. It was suggested that LTC representation be at local LEPC meeting and that folks include nursing homes in their plans.	***Outcomes –*** ***Action items*** **–** 1. Virginia will send Sue copies of the maps she has.
501c3 Status for HCCs – Mark Stump	• United Way in Wichita would be willing to serve as a fiscal agent for the coalitions. They would need fiscal information. Mark reported that he cannot speak on behalf of the other United Way organizations, but his region would be happy to do this.	***Action items*** **–** 1. Angela Krutsinger will send Jamie Hemler some information on conversations that have taken place at the Federal level to assist in our decision making regarding 501c3.
Coalition Exercise Planning Committee Update- Tami Wood	• Cary Gerst has information on a statewide full-scale exercise using Crisis City and will pass out information as she gets it. She talked about bringing healthcare leaders to Kansas for the exercise. Tami will tak to John Skinner in Aniston to see when they could do that.	***Action items*** **–** 1. Tami will work with John Skinner.
Update on Department of Transportation Regional Safety Coalitions & Next Steps – Danielle Marten, KDOT	• Danielle Marten has been to three information sharing meetings. Several people have indicated they woul d serve on a committee for this purpose. • Danielle shared what some folks would like to see come from the committees. ○ Oversized loads on I-70 (no access for emergency	

	vehicles) ○ Need to make right-of-way more accessible for emergency vehicles ○ Education of buckling up (educate children to education parents) ○ Push hands-free ○ Use more specific messages on message signs (what exact advisory they are letting us know about) ○ "Car Fit" to make sure older drivers are safe (seat belts hit the right place, etc.) • Next steps: ○ Danielle will meet in Quinter on January 15, 2015 ○ Wichita area and Southwest Kansas are interested in this initiativie ○ Identifying next audience ○ KDOT Safety Conference is taking place March 31 and April 1, 2015 • At the KDOT Safety Conference, Danielle will report on Safety Coalitions. NW Kansas is in pilot for this coalition and Cheryl Goetz is the chair for her region.	
KDHE Updates	• Carman Allen has been named the new director for the Preparedness Program. • The position of Operations Specialist is open and will remain open until filled. • PHEP and HPP efforts on Ebola: ○ KDHE is creating "one pagers" for information sharing ○ PIO is working on media templates ○ Ebola conference calls are scheduled ○ The Epi Hotline will be adding an Ebola inquiry option. • The Preparedness Program will be hosting a Regional Coordinator's gathering in January or February 2015. • The patient tracking system created by Ft. Riley was demonstrated for KDHE leadership, which is conferring with	***Outcomes –*** None ***Action items*** – 1. Jamie Hemler will be sending out a meeting wizard to establish a date for the Regional Coordinator's gathering.

	partners about how HIE fits into the whole scheme of things. We are hoping to receive guidance about how to proceed, but the Ebola response has pushed the issue of patient tracking back on the priority list. As soon as things settle down again, we'll bring this topic up to the Office of the Secretary to ask for a final decision.	
General Discussion	• Ron Marshall is concerned about the weekend HAN that was sent out encouraging hospitals to reach out to their local media outlets. He would like to see folks reach out to the state instead, to allow for consistent messaging. The group majority agreed that the HAN alert was a bad idea. There is conflicting information regarding flushing waste and folks need to know the most updated information. Thursday, KDHE said it was okay to flush with bleach. Today, it isn't okay. Hospitals want evidence based information. • There are both psychological and medical sides to Ebola. The perception is that we are reacting to infectious disease. The realization is that CDC is an advisory capacity and folks expect them to have "answers" and they keep changing their stance. • KDHE needs to be the "information authority" for all groups (Nurses Association, EMS, etc.) – before messaging goes out from groups, these groups should verify with KDHE that the messaging is consistent and approved through KDHE. • 211 was discussed as a great resource. Perception of full Tyvek suits on TV was discussed. These images make it look like healthcare providers are not using proper PPE. Healthcare professionals would like to see one consistent PPE guidance.	***Action items*** **–** 1. KDHE staff present at the meeting will take this information back to KDHE executive team.
KHA Updates	• Ron Marshall discussed the CRN contract. He encouraged folks to try to get their staff to the CRN's trainings on Modified Health Care Protocols trainings.	

Clarification of HCC Operational Plans & HPP Site Visit Report – Angela Krutsinger	• Angela Krutsinger introduced herself and gave a brief bio.
	• HCCDA factor clarification was provided on #10. Providing communication of Ops Plan, what we are doing and how we are doing it.
	• Angela provided a recap of the site visit.
	  ○ We are not giving ourselves enough credit for our accomplishments. We have impressive situational awareness, excellent growth in MRC and K-SERV and our interoperable communciations is robust.
	  ○ Budget cuts are a probem, but we are leveraging our resources.
	  ○ We need more standardization and position descriptions for the regional coordinators.
	• Angela has heard "rumblings" of potential funding increases due to Ebola.
	• Nebraska resources have been helpful and the committee asked that she continue to push down information as she gets it.
	• Angela is working on Region VII conference calls for additional information sharing.
	• Angela cautioned purchasing response items with federal grant dollars. MERGe has purchased two isolation transfer tents and is awating approval for KDHE to reimburse. Whether or not they are reimbursed, it is still a great state resource.	

Mobile Integrated Healthcare/Community Paramedicine – Jason White, Mid America Regional Council	• Jason White gave a presentation on the role of paramedics. • They are still working to address extremely small communities. Pay is a big deal. • Discussions are happening to engage frontier paramedics. • Minnesota has paid $60 per hour since July and they indicated savings of hundreds of thousands of dollars. • Medicaid and CMS are working to fund this. • Jason's slide show presentation is attached.	

Regional Updates	• <u>Northwest: (Tami, Cindy)</u>
	  ○ Regional meeting took place in September. The Hays Daily News promoted their event. Resources were evaluated and several partners were present. Training is taking place in regards to educating hospitals on donning and doffing.
	  ○ Public health region is working on their Disease Containment SOG.
	  ○ They had a conference call on Friday, October 17, regarding Ebola.
	  ○ Groups are reviewing their ESF 8 SOG.
	• <u>North Central: (Sue)</u>
	  ○ HCC functional exercise for 5-year Preparedness grant happened. LHDs have worked together to complete the AAR template. Emergency Management could use the exercise as well. It was a great educational opportunity. Their exercise will be out on the KDHE website and Sherry and Sue would be happy to answer any questions about the exercise or offer assistance.
	  ○ They are working on the draft for the HCC risk assessment. It will be introduced at their coalition meeting in November. It will be shared once they receive feedback.
	  ○ Hazmat Hazwhoper Train the Trainer will be held in Concordia at the Cloud County Medical Center on November 11 and 12.
	  ○ They would like to do psychological first aid training prior to the end of the grant year.
	  ○ The objective of a coalition is to enhance situational awareness and information sharing.
	  ○ They are working to add public health to EMResource.
	• <u>Southeast: (Fred)</u>
	  ○ SEK Coalition has new LTC members. They have received many inquiries from other diciplines. They are	

	considering upping their coalition meeing from November to October.
	• <u>Kansas City: (Steve)</u>
	  ○ Ebola has been occupying the Kansas City Coaltion. Two weeks ago, they held an information sharing meeting. Last week was their HCC meeting. Lt. Dave Young presented on routine vs. novel.
	  ○ They are working to get hospice representation on their HCC.
	  ○ Last week, Steve participated in the Missouri Preparedness Conference. Their program has an emergency simulator.
	• <u>South Central: (Virginia)</u>
	  ○ ESF 8 partners showcased all their preparedness purchased items at the health and medical symposium. Public health POD was set up. It was a very beneficial symposium.
	  ○ The coalition is working on a "Recovery" exercise.
	  ○ Monday, a group from south central Kasnas headed o Anniston.
	  ○ Public health is working on exercise planning and SOG.
	• <u>Southwest: (Richard)</u>
	  ○ Lt. Dave Young gave a presentation to their HCC.
	  ○ St. Catherine will teach on suicide prevention.
	  ○ Looking into doing a functional exercise.
	  ○ Working on SOGs and reviewing ESF 8 plans.
	• <u>Northeast: (Julie)</u>
	  ○ PIO role was presented at the HCC meeting. Kansas Funeral Director Association was present. Their mass fatality plan was presented and discussed. Coffey county shared their plan with the HCC.
	  ○ There will be a display on November 4 to demonstrate their plan.
	  ○ Strategic plans have been updated.	

Other business	• Jamie will work on Regional Coordinator "gathering" arrangements. • Charlie's tenure is up. Virginia starts in January. We need another vice chair. This will be discussed at the January meeting.	***Action items*** **–** 1. Jamie will gather information for a date and an agenda for the gathering. 2. A vice chair will be selected at the January meeting.
Next Meeting	• January 26, 10-2, Salina, KS at the Rolling Hills Conference Center	

10/2d/14

Statewide Healthcare Coalition Steering Committee Meeting

Name	Organization	Email
Jamie Klemker	KDHE	jklemker@kdheks.ga
Tabetha Mallonee	KDHE	tmallonee@kdheks.g
Michael Burkhart	Funeral Director	mburk@fairpoint.net
Richard Everett	SWKHE-WPRG	richard@swkhe.org
Julie Schmidt	NEKS HCC	julie.schmidt@selhs
STEVEN HOEGER	THE UNIVERSITY KS HOSP	shoeger@KUMC.ed
Angela Murray	North Central Public Health Jewell Co. Health Dept	jchd@nckcn.co
TERRY David	EMS	David ET@peoplepc.c
Cindy Mullen	WCHH	Cmullen@st-tel.net
Shona Gleason	Gcmc-LTC	sgleason@gcmc.us
Mark Stump	United Way of the Plains	mstump@unitedwayplains.org
Danielle Marten	KDOT	dmarten@ksdot.org
Fred Kerr	SEK HCC	FRED.BIHAE@WICHRISTI.ORG
Sue Cooper	NC HCC	scooper@srhc.com
Tami Wood	NW HCC	tami.wood@hayspmed.co
Sam Landwehr	KDHE	Slandwehr@kdheks.gov
Carmen Allen	KDHE	callen@kdheks.gov
Angela Krutsinger	ASPR HPP Region 7	angela.krutsinger@hhs.gov
Ron Marshall	KHERF	rmarshall@kha-net.org
Bryan Brady	First Care Clinic	bbrady@firstcareclinic.com
Virginia Downing	South Central Region	coats1960@gmail.com
Tom Pletcher	Sg. Co. Comcare	thomas.pletcher@sedgwick.gov

COMMUNITY PARAMEDICINE

MOBILE INTEGRATED HEALTHCARE

STAKEHOLDERS MEETING

WHAT IS COMMUNITY PARAMEDICINE & MOBILE INTEGRATED HEALTHCARE (MIH)

- CP/MIHC programs use EMS practitioners and other healthcare providers in an expanded role to increase patient access to primary and preventative care, within the medical home model.
- CP/MIHC programs work to decrease the use of emergency departments, decrease healthcare costs, and improved patient outcomes.

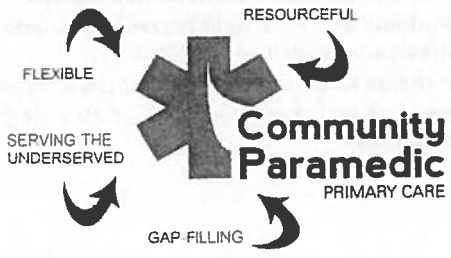
WHAT IS COMMUNITY PARAMEDICINE & MOBILE INTEGRATED HEALTHCARE (MIH)

- Expand Role, Not Scope
- Assess and identify gaps between community needs and services
  - Public health
  - Primary care extension
  - Disease management
  - Prevention
  - Wellness
  - Mental health

THE CONCEPT

- Paramedics already know how to deliver care locally
- Assess resources and make decisions
- They can fill gaps in care with enhanced skills through targeted training

KEYS TO COMMUNITY PARAMEDIC PROGRAM



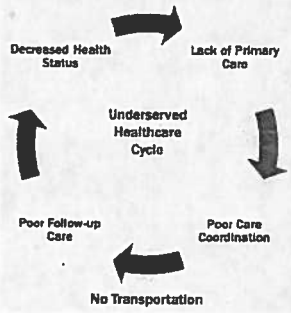
FLEXIBLE

- Identify specific needs in community health care
- Standardized curriculum, modified for communities

ADDRESSING THE NEEDS OF THE UNDERSERVED

- Target populations with problems in access to health care
- Address special population issues
- Rising health disparities
- Aging
- Decreasing medical workforce

ADDRESSING THE NEEDS OF THE UNDERSERVED



RESOURCEFUL

- Identifies what is available
- And what is missing

GAP-FILLING

- Finds "Health Homes" for citizens
- Eyes, ears, and voice of community

COMMUNITY PARAMEDIC GUIDELINES

- Essential oversight by community care providers
- Practice where designated underserved
- Approved and welcomed
- Funding specific to locale

CARING FOR HIGH-RISK PATIENTS

- Patients taking 10 or more medications
- Patients who have tight therapeutic window medications such as "warfarin"
- Patients who have 3 or more chronic diseases
- Patients with mental health and disabling conditions

HOSPITAL PATIENT RE-ADMISSION

- CMS fines hospitals for re-admission of patients within 30 days of discharge
- Community Paramedics providing scheduled follow-up home visits
- Community Paramedics report to primary care professionals

MINNESOTA EDUCATION

- Currently certified as a paramedic
- College based, 200 hrs. classroom, 100-200 hrs clinical rotations
- Primary Care/Social Services focus
- Problem Solving

more in-depth assessments

MINNESOTA COURSE CONTENT

- Chronic disease management
- Cardiac, respiratory, diabetes , neurological
- Pathophysiology
- Pharmacology
- Mental health
- Text books

THE CLINICAL EXPERIENCE

- Primary care
- Community Health/Hospice
- Wound care
- Behavioral
- Cardiology & respiratory
- Pediatrics & geriatrics
- Networking

WHAT'S HAPPENING AROUND THE NATION

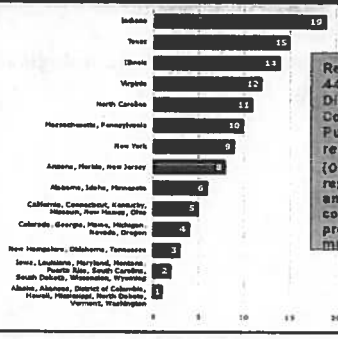
NATIONAL ENGAGEMENT WITH CP

- National Association of EMT's
- National Association of State EMS Officials
- National Association of EMS Physicians
- American College of Emergency Physicians
- National EMS Management Association
- National Association of EMS Educators
- International Academies of Emergency Dispatch
- Association of Critical Care Transport
- North Central EMS Institute
- Paramedic Foundation
- American Ambulance Association
- American Nurses Association

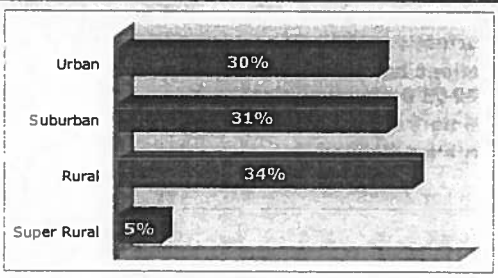
SURVEY RESULTS AT-A-GLANCE

- NAEMT joined with 16 other national EMS organizations to collect information about CP/MIHC programs.
- 3,781 total responses were received – primarily from EMS practitioners, EMS managers, medical directors, and CP/MIHC program administrators.
- Total responses were evenly dispersed across all types of EMS delivery models.
- Survey results identified 232 unique CP/MIHC programs (6% of responses).
- 566 respondents (15%) indicated that their EMS agencies were in the process of developing a CP/MIHC program.

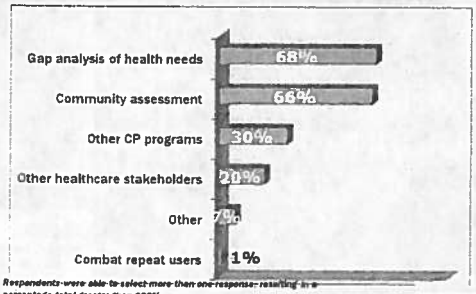
STATES REPORTING CP/MIHC PROGRAMS IN PLACE



POPULATION DENSITY OF CP/MIHC PROGRAMS

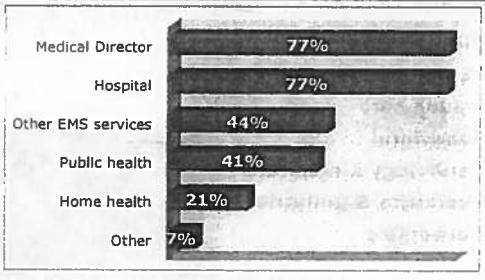


CATALYST FOR STARTING A CP/MIHC PROGRAM



Respondents were able to select more than one response, resulting in a percentage total greater than 100%.

PARTICIPANTS IN INITIAL CP/MIHC PROGRAM ASSESSMENT



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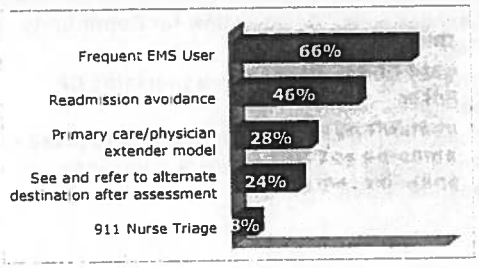
CP/MIHC PROGRAM MODELS



Respondents were able to select more than one response, resulting in a percentage total greater than 100%.

ORGANIZATIONS PARTNERING IN PROGRAM IMPLEMENTATION

Hospitals:	83%
Physician organizations:	47%
Other EMS agencies:	45%
Public health agencies:	42%
Home health organizations:	42%
Primary care facilities:	40%
Law enforcement agencies:	31%
Mental health care facilities:	27%
Nursing homes:	25%
None:	6%

Respondents were able to select more than one response, resulting in a percentage total greater than 100%.

TYPES OF PROGRAM COLLABORATION WITH PARTNERS

Provides patient care:	72%
Coordinates patient services:	69%
Provides personnel:	44%
Provides oversight:	24%
Provides funding:	7%

Respondents were able to select more than one response, resulting in a percentage total greater than 100%.

COMPARING PROGRAM TYPE TO POPULATION DENSITY

- Across all population densities, the "Frequent EMS User" was selected as the most common program model.
- "Primary care/physician extender" was selected as the second-most common model for programs in super rural areas.
- "Readmission avoidance" was selected as the second-most common model for programs in rural, suburban and urban areas.

MINNESOTA

- State legislation in 2011 to allow for Community Paramedics to function
- Created training requirements
- Followed several years of study and discussion with various groups of health care stakeholders
- Several programs now functioning
- Underserved, hospital re-admission, frequent EMS/ED users
- State Legislation in 2012 authorized Medicaid payment

TEXAS

- MedStar – since 2009
- Using existing resources
- Nationally acclaimed
- Collaborative with other area health care stakeholders
- Services include, hospital re-admission, hospice, home health care back-up, cardiology patient visits
- Use of triage nurse
- Revenue covering cost of services

COLORADO

- Proposed Legislation in draft form
- Western Eagle County Colorado
  - Early proponent (2009)
  - Rural/Wilderness
  - No Hospital in County
  - Limited Primary Care Services in the Community; none after hours
  - National Model of Expanded Services to fill gap of Primary Care Services

NEBRASKA

- Legislation in 2012 to allow for Community Paramedic
- Private firm in Omaha area providing CP services
- Scottsbluff has a pilot CP program focused on Pneumonia and CHF patients following hospital discharge

NORTH DAKOTA

- 2013 appropriation of $276,000 for pilot study
- Funds to hire staff to initiate pilot and to gather data on results
- Focus on rural shortage of primary care health providers & hospital re-admission issues

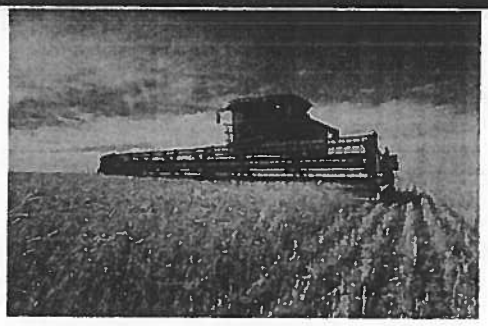
MAINE

- Legislation passed in 2013 to allow for Community Paramedic
- Grants to support pilot programs
- Pilot projects in up to 12 communities
- First Community Paramedic training program in the fall of 2013

MISSOURI

- Legislation passed in 2013
- Regulations in draft form to define minimum training requirement
- Two programs currently operating in St Louis area focused on hospital patient readmission, have reimbursement associated with this from hospitals
- Kansas City region in early planning stage
- Springfield area ...two hospital based services providing some C.P. services

THE GROWING KANSAS IDEA



THE GROWING KANSAS IDEA

- KEMSA offering forums around Kansas for EMS personnel and local health care providers
- Gathering of data
- Areas in early planning stage
- Kansas City Area
- Sedgwick County
- Others?

THE ACCESS DILEMMA RURAL AND REMOTE

- 1/4 of Americans live in rural and remote areas
- 1/3 of Kansans live in rural areas
- Only 10% of America's doctors practice in rural areas
- 4 times as many rural and remote residents travel > 30 miles for health care compared to urban residents

NATIONAL RURAL AND REMOTE DEMOGRAPHICS

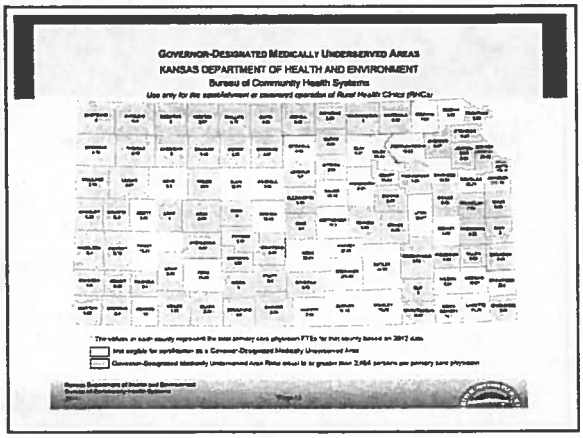
- More elderly
- More immigrants
- More poverty
- Poorer health

KANSAS RURAL HEALTH CARE

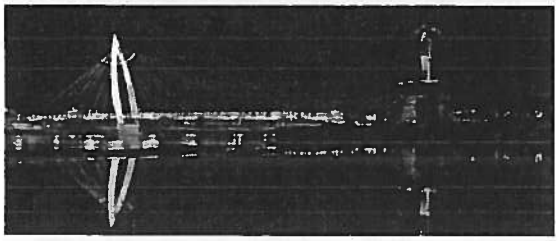
- Shortage of primary care professionals in rural areas
- Funding shortfalls
- Access to care
- Hospital Discharge
- Re-Admission Problems

PRIMARY CARE
HEALTH PROFESSIONAL UNDERSERVED AREAS REPORT
Kansas 2014

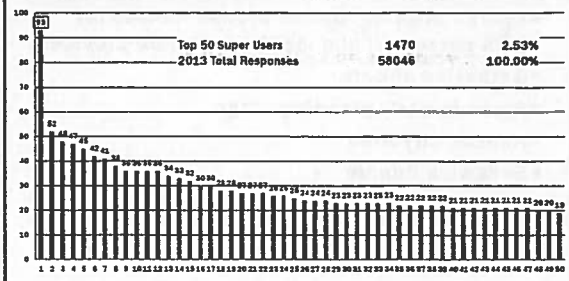
Kansas Department of Health and Environment
Bureau of Community Health Systems
Kansas Primary Care Office



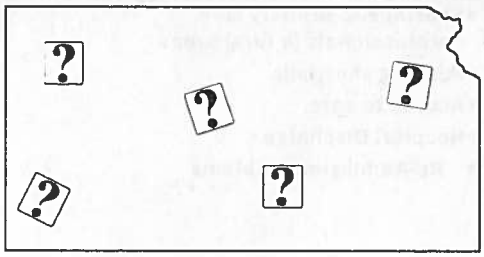
KANSAS
AN URBAN PROSPECTIVE



HUG'S
HIGH UTILIZER GROUPS



WHAT OTHER NEEDS ARE IN KANSAS?



KANSAS EMERGENCY MEDICAL SERVICES ASSOCIATION (KEMSA)

- KEMSA was formed in 1996 and is a non-profit organization dedicated to the improvement of EMS in Kansas. KEMSA has members throughout Kansas and in surrounding states at every level of EMS.
- Our Mission: To be a unified voice for interested entities dedicated to continued improvement of the total emergency medical service system throughout Kansas.
- Our goals include:
  - Providing a Unified Voice
  - Promoting Education
  - High Standards
  - Quality Patient Care
  - Forums for EMS
  - Communication

Kansas Emergency Medical Services Association

THANK YOU

- Credit to Minnesota Community Paramedic leadership & NAEMT who allowed KEMSA to use some stock material for this presentation.

NAEMT